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Signature

Typed or printed name

		Application Number	10/564,4	information unless it disclays a valid OMB control number
TRANSMITTAL FORM (to be used for all correspondence after initial filiag) Total Number of Pages in Tries Submission 10		Filing Date	January	12, 2006
		First Named Inventor	AMMANN. Christina	
		Art Unit	1794	
		Examiner Name	GWART	NEY, Elizabeth A.
		Attorney Docket Number	7444-US	
	El	NCLOSURES (Check at	that app	(y)
Fee Transmi	ittal Form	Drawing(s) After Allowance Communication to		
☐ Fee	Attached	Licensing-related Papers		Appeal Communication to Board of Appeals and Interferences
Amendment/Raply After Final Affidavits/declaration(s) Extension of Time Request		Petition Appeal Communication to TC (Appeal Notice, Briffs Raphy Brief) Provisional Application Power of Attorney, Revocation Change of Correspondence Address Terminal Disclaimer Appeal Communication to TC (Appeal Notice, Brief, Raphy Brief) Proprietary Information Proprietary Information Status Letter Other Enclosure(s) (please Identify below):		
Express Abandonment Request		Request for Refund		below):
Information Disclosure Statement		CD, Number of CD(s)		
		Landscape Table on C)	
Certified Cop Document(s)		marks		
	SIGNATURE	OF APPLICANT, ATTO	RNEY,	OR AGENT
Firm Name Ne	estle Healthcare Nutrition			
Signature				
Printed name Ga	Sry M. Lobel	***************************************	***************************************	······································
Date August 11, 2009			Reg. No.	51,155
	Array	ICATE OF TRANSMISS		

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confiderinally is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.4. This collection is estimated to 2 hours to complete, including adhering pressure, and sucurating the completed application from the USPTO. Time will very deprinding upon the individual case. Any comments on the amount of firm eyour require to controller this form and/or suggestions for reducing this burden, should be sent to the Chell Information Chief. S. Palent and Traderian Chief. Ox. S. Department of Commence, P.C. Dox 440, Alexandria, V.J. 2231-1450, D.D. OXT SSND FEES OX COMMETEE FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Date